

## Program Overview

Delaware's Title V priorities and plans for the coming year are presented below by population domain, as defined by the federal Maternal and Child Health Bureau. These population domain "snapshots" convey a brief overview of our goals, progress, and plans for each health area. In some of the health areas, we are building on years of previous work and partnerships and have very detailed action plans forward. In others, we are forging into new territory and will be spending the time over the course of the five year grant cycle learning, building expertise, and establishing new relationships.

Please note that these plans represent the role that the Title V Program can play in improving the health of mothers and children, given our resources and capacity, and are not intended to be a comprehensive strategic plan to address each of the targeted health areas. Moving the needle on any of these health priority areas will require collective effort from many partners throughout the state. For more detail, please review Delaware's full Title V Maternal and Child Health Block Grant application.

### Population Domain Snapshot: *Women's and Maternal Health*

Priority Health Need(s)	Objectives(s)	Strategies
<b>National Performance Measure</b>  <b><u>Well-Woman Care</u></b> To increase the number of women who have a <b>preventive health visit</b> to optimize the health of women before, between and beyond pregnancies.  Decrease the percentage of women of reproductive age with an <b>unintended pregnancy</b> . (SPM)	 By July 2025, increase percentage of women with birth interval > 18 months.  By 2025, increase the number of women receiving a timely postpartum visit.	<b>Defining the Need:</b> In 2019, 83.7% of all Delaware women received a routine check-up within the last year (Behavioral Risk Factor Surveillance System). Access to preventive health care is critical to identify health issues early, prevent the onset of disease, and prepare women for healthy pregnancies. Delaware struggles with the dilemmas of recognizing different health care providers are delivering varying components of well women care; coordination and communication of well women care among health care providers and other social supports is incongruent often existing in silos; patients have little to no understanding of what well women care entails; women's competing demands and priorities make accessing health care difficult and often they put off care, especially during the Covid 19 pandemic; and finally, that a framework operationalizing well women care must be developed with the goal of bolstering awareness and universally improving knowledge deficits. Beyond pregnancy, ongoing preventive care and family planning are important, as is interconception care to address the risks of women who experienced adverse pregnancy outcomes. Delaware Contraceptive Access Now (DE CAN) has paved the way for improving access to all methods of contraception for women of reproductive

<p>Reduce the <b>disparity</b> in infant mortality rates. (SPM)</p>	<p>By July 2025, decrease the number of live births that were the result of an unintended pregnancy.</p>	<p>age, including LARCs. By reducing unintended pregnancy, we can reduce costs for pregnancy related services, particularly high risk pregnancies and low birth weight babies, improve overall outcomes for Delaware women and children, decrease the number of kids growing up in poverty, and even potentially reduce the number of substance exposed infants. At 7.2 deaths per 1000 live births, Delaware's infant mortality rate is still significantly higher than the national average of 5.9. And the Delaware rate masks a significant racial disparity. The Black infant mortality rate of 12.3 is more than two and a half times as high as the White rate of 4.3 deaths per 1000 live births. The available research is clear that the path to more significant and sustained improvement women's health and birth outcomes and in eliminating the persistent racial disparity lies in addressing the social determinants of health -the social context factors that compromise the health of women and their families, which then makes them susceptible to poor outcomes.</p> <p><b>Accomplishments to Date:</b> Through a partnership with the Delaware Healthy Mothers and Infants Consortium, there has been much work to educate our population about preconception health, in which preventive health visits play a key role. This work includes social media outreach around the theme that "Health Begins Where You Live, Learn, Work &amp; Play." Over the last year, Delaware DPH, DHMIC plans to:</p> <ul style="list-style-type: none"> <li>• Continue to implement 3 year strategic action plan, which includes a well women care initiative as a priority. All priorities and interventions will be carried out through the lens of improving health equity, the use of the life course approach, enhancing data collection and use of quality improvement to achieve stated goals.</li> <li>• Sustain the Healthy Women Healthy Babies (HWHB)2.0 program model to focus on a.) performance/value based care; b.) address the social determinants of health; and c.) coordinate and provide referral linkages with community health workers. Through the HWHB 2.0 program, Delaware women with a previous adverse birth outcome are identified, assessing their risks, and then provided an enhanced care coordination approach. Providers are incentivized using a performance-based approach tracking key benchmark indicators. While Delaware has seen gains in fewer infant deaths over the last decade for which there is much to celebrate, Delaware's disparity rate is stubborn and persistent.</li> </ul>
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		<p>This program will focus on reaching these women to improve outcomes for women and babies.</p> <ul style="list-style-type: none"> <li>• Implemented 8 Healthy Women Healthy Babies Zones community based interventions to address the social determinants of health.</li> <li>• Began a community health worker pilot in the city of Wilmington to support Healthy Women Healthy Babies and exploring expansion.</li> </ul> <p>DPH is working on functionality and content updates to the DEthrives.com website and launched digital ads using a life course framework.</p> <p>Sustainable plan fully transitioned to DPH to reduce unintended pregnancies, now coined as Delaware Contraceptive Access Now (DE CAN; <a href="http://www.upstream.org/delawarecan/">http://www.upstream.org/delawarecan/</a>), is that all children are born to parents who plan for them and want them. We envision a time when accidental pregnancies are increasingly a thing of the past.</p> <p><b>Plans for the Coming Year:</b> Preventive health visits are an integral part of preconception care. In the coming year, we will work on our social media education and marketing campaign to encourage teens and women to develop reproductive life plans. We will also continue to educate and counsel women of reproductive age (ages 14-44) about all contraceptive methods that are safe and appropriate for them, including long-acting reversible contraceptives (LARCs). A law was passed this year, that allows pharmacists in DE, along with 11 other states, to administer or dispense contraceptives under a standing order from the Division of Public Health. In FY22, the General Assembly appropriated \$1.5M in state funding to DPH to sustain DE CAN to ensure that a system is in place to support uninsured and underinsured women of reproductive age seeking health care continue to get access to the full range of contraceptive methods, including the most effective, long acting reversible methods, IUDs and implants. Delaware will continue to transition the Healthy Women, Healthy Babies program 2.0, providing preconception, nutrition, prenatal and psychosocial care for women at the highest risk focused on value based care by monitoring a core set of benchmark indicators. Finally, Delaware will continue existing and new HWHB Zones or community based interventions to address the social determinants of health, providing coaching and technical assistance using a learning collaborative approach.</p>
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<b>Are we moving the needle for adolescents in Delaware?</b>	<p>In the domain of Maternal/Women's Health, we continue to focus on increasing the number of women who have a preventive visit to optimize the health of women before, between and beyond pregnancies. As in the past, our key priority is to find ways to reduce the infant mortality rate in Delaware and we understand the importance of preconception care and quality prenatal care for our mothers. In order to continue making progress in providing "whole health" care to our women and mothers, we continue to bolster and nurture our community partnerships by working together focused on addressing the social determinants of health, leveraging talents and resources, and striving to find new ways to provide services.</p>	

<b>Population Domain Snapshot:</b> <i>Perinatal/Infant Health</i> <b>Priority Health Need(s)</b>	<b>Objectives(s)</b>	<b>Strategies</b>
<b>National Performance Measure</b>  <u><b>Breastfeeding</b></u> Improve rates of breastfeeding initiation and duration	By July 2025, increase breastfeeding initiation rates in Delaware.	<p><b>Defining the Need:</b> According to the 2019 National Survey of Children's Health, 87.3% of Delaware babies were "ever breastfed or fed breast milk", compared to 86.6% in 2018 and 87.1% in 2017. In 2018, only 28.2% of infants are exclusively breastfed through six months.</p> <p><b>Accomplishments in the Past Year:</b> The Delaware WIC Program continues to partner with Christiana Health Care Systems, The Latin American Community Center, Nemours Pediatrics, Westside Family Health, The Breastfeeding Coalition of Delaware, The Perdue Chicken Plants of Milford and Georgetown and The Delaware Healthy Mother and Infant Consortium to strengthen our breastfeeding services in the heart of the community.</p> <p>According to Ripples findings in the final quarter report of October 2020 a participant contacted by a peer counselor is 81% more likely to be breastfeeding at 3 months and 88% more likely to be breastfeeding at 6 months. Exclusivity rates among WIC mothers remains 5% higher when mothers are contacted by a peer counselor.</p>

		<p>WIC offices closed March 2020 and remain closed to date due to Covid-19 precautions. Participants are contacted by phone for scheduling appointments certifications and recertifications. WIC benefits are loaded remotely and the WIC no show rate as a result of the WIC waiver for Physical Presence remains at an all-time low of 11%. The virtual breastfeeding classes remain successful. The classes are offered the first and third Wednesday of each month at 11am and 5pm.</p> <p><b>Plans for the Coming Year:</b> The Breastfeeding Coalition of Delaware was one of the awarded community-based organizations. Their goal is to improve breastfeeding rates for women of color to the HWHB high-risk zones of Wilmington, Claymont, and Seaford by providing access to community resources, education and peer support. The project, Delaware Breastfeeding Village is offering accessible support, engaging groups, text check-ins, access to variable levels of lactation support, and incentives for participation. In addition, the Breastfeeding Coalition of Delaware hired three diverse breastfeeding peer counselors (BPC) and one lactation consultant to provide breastfeeding support to women. WIC and Medicaid eligible mothers can participate in a 6-month program where they receive support from a breastfeeding peer counselor and a lactation consultant if needed. Mothers receive incentives to participate in groups and have monthly motivational text from peer counselors. Mothers who complete the program will be invited to a baby shower to celebrate completion. The goal is to decrease isolation among mothers, to increase breastfeeding duration and to decrease barriers to breastfeeding support. We looked forward to analyzing the data to determine impact and if this project can be brought to scale to serve more women and increase breastfeeding rates statewide.</p>
Are we moving the needle for infants in Delaware?	<p>According to the 2018 Breastfeeding Report Card, 77.4 % of babies born in Delaware were “ever breastfed or fed breast milk” ; lower than the national estimate of 83.2%. Within this measure, there are disparities by both race/ethnicity and household income level. As is the case nationally, rates of breastfeeding are lowest for Black, non-Hispanic infants, as well as infants in low-income</p>	

	<p>households. These disparities are mirrored in the data for longer-term breastfeeding, with the overall rate dropping to just 20.5% of infants who are breastfed exclusively for 6 months; lower than the national average of 24.9%.</p> <p>This data shows the need for improvements in overall breastfeeding initiation but also improvement in the disparities that exist in Delaware. In addition, the input gathered through our needs assessment process showed overwhelming support from partners to address this area. Through a survey of MCH stakeholders, breastfeeding was ranked as the number one national performance measure for our Title V program to address in the perinatal/infant domain, and 72% indicated that there was a strong desire among stakeholders to address the issue.</p>
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**Population Domain Snapshot: *Child Health***

Priority Health Need(s)	Objectives(s)	Strategies
<p><b>National Performance Measure</b></p> <p><b><u>Developmental Screening</u></b></p> <p>Children receive developmentally appropriate services in a well-coordinated early childhood system.</p>	<p>By July 2025, increase the percent of children, ages 9-71 months, receiving a developmental screening using a validated parent-completed screening tool.</p>	<p><b>Defining the Need:</b> The priority is for children to receive developmentally appropriate services in a well-coordinated early childhood system. Only 30.3% of Delaware children, ages 9-35 months, received a developmental screening in the past year. The National Institute of Children's Health Quality (NICHQ) features an article regarding Delaware's developmental screening journey. <a href="https://www.nichq.org/insight/50th-nation-national-success-delaware-improves-early-childhood-outcomes">https://www.nichq.org/insight/50th-nation-national-success-delaware-improves-early-childhood-outcomes</a></p> <p><b>Accomplishments in the Past Year:</b> Aggregate data report tracked by the ECCS evaluator through an MOU between the Office of Early Learning and the ECCS program shows a total of 13,420 (non-Nemours) PEDS Online screens completed on children 0-59 months between July 1, 2020 and June 30, 2021. This corresponds to an estimated 8,316 unique children or 61.97% of the total screens completed that were unduplicated. (This contrasts with 2019 screens of 15,345). This compares to 13,106 (non-Nemours) PEDS Online screens completed on children 0-59 months between July 1, 2019 and June 30, 2020 and an estimated 8,318 unique children or 63.46% of total screens completed were unique.</p>

		<p>Over the past year, outreach efforts through the Books Balls and Blocks events were foiled by Covid-19. A series of face-to-face BBB events planned for Sussex County (a partnership with the Division of Libraries) in spring of 2020 had to be cancelled. To show our resilience the ECCS teams and the family engagement partners pivoted to virtual sessions. Through creativity and innovation, the ECCS teams managed to use the Zoom platform to hold virtual BBB events in meaningful ways- focusing developmental screening data indicating areas of delay for the children screened. The focus was on children 1-3 years while addressing areas of delays such as problem-solving, communication fine and gross motor skills. The challenge was recruiting a facilitator who could engage 1-3 year-olds (virtually), an individual who could develop a curriculum based on the issues/milestones of focus, etc. Our partnership with Let's Play Inc, made this possible. The first virtual BBB occurred in the summer of 2020 and have held more than 10 virtual events. With more than 10 virtual sessions held, we are confident to embed this in the infrastructure and plan to expand it to other cultural populations such as the Hispanic population, while introducing participating parents to topics such as early literacy and early intervention services.</p> <p>The BBB outreach efforts revealed the need to provide assistance for parents as they respond to and complete the ASQ screens during the events. This led to the partnership with the Office of Early Learning and Sussex County Health Coalition to organize a series of ASQ trainings for volunteers across the state. Through this training over 70 volunteers with varying backgrounds have participated in the ASQ training. This training enables them to assist parents with challenges as they attempt to complete the screener at the BBB event.</p> <p>The expansion of the Ages and Stages screener through early childhood led to a demand for more assistance in the follow up of results and linking parents with the early intervention services. This challenge was mitigated through a partnership between the Help Me Grow/2-1-1(centralized access point) and the Birth to Three program. Two additional staff were hired to support the ASQ follow-up done by the Help Me Grow /2-1- staff. Funding came from the Birth to Three program. This partnership and the subsequent improvements implemented, has led to significant increase in the number of families that have been referred to early intervention (Child Development Watch).</p>
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		<p>Efforts by the ECCS Place-based Community partners in collaboration with the Office of Early Learning and other EC partners to improve developmental screening and surveillance, starting from the push in the first year of the ECCS grant to sway the changed from using the DIAL screener to the Ages and Stages Questionnaire within early child care and education settings culminated in the developmental screening Bill released at the end of the grant in May 2021. The universal developmental screening bill is designed to increase the opportunity for Delaware children to undergo developmental screening with a validated screening instrument at an early age in order to identify children who may be eligible for early intervention or special education services. It requires any applicant for a license or renewal of a license to operate a child care facility to commit that each enrolled child between birth to five years will undergo developmental and social emotional screening.</p> <p><b>Plans for the Coming Year:</b> Delaware's developmental screening goals will focus on continuous improvement to streamline the developmental screening processes and build in efficiencies that enhance community awareness; improve referrals to early intervention and anticipates the potential uptake in screens. Efforts will continue to enhance the tracking of Intake and referrals for children at higher risk for developmental delays. We will also continue to provide technical assistance and training to pediatricians and family practices that are using the PEDS instrument, as well as potential recruits. In addition, partnerships with the Office of Early Learning will continue to improve the delivery of developmental screening services within Delaware's school districts. The ECCS program will continue with outreach efforts to promote developmental screenings and milestones thereby increasing awareness and promoting and parental involvement. Outreach efforts such as Books, Balls, and Blocks (BBB) will continue in collaboration with multiple community stakeholders.</p>
<b>National Performance Measure</b>  <u><b>Oral Health</b></u>	By 2025, the percent of children 1-17 who had a	<p><b>Defining the Need:</b> Delaware aims to increase access to comprehensive oral health care for children most at risk for oral disease. When left untreated, tooth decay can harm a child's quality of life and impair academic performance. According to the 2018/2019 National Survey of Children's Health (NSCH), 20.3% of Delaware children, ages 0 through 17, have not had a preventive dental visit in the past year.</p>



<p>Improve the rate of Oral Health preventive care in children</p>	<p>preventive dental visit in the past year will increase to 87%</p>	<p><b>Accomplishments to Date:</b> From March 2020 to February 2021 when program access was restricted, toothbrushes, toothpaste, dental floss, and oral health education was delivered to 6,320 children ages to 0 - 8 years of age to childcare facilities, day camps, urgent care, lactation counselors and pediatricians that included a business card with a new dental help line number. The dental helpline is staffed by the dental team to help address oral health concerns and connect the public to a dental provider that is accepting patients. They can also address their specific needs as well as assist with securing dental or medical insurance, and other resources. The information was shared with CYSHCN, Family Shade, school districts, school nurses, urgent care, home visitors, pediatricians, Delaware Medical Society, and more. From November 2020 – June 2021, 1,742 calls were received from the public looking for a dentist or having a dental problem. Calls are triaged and separated into adults and children, pain, swelling or people with disabilities get transferred to a dental hygienist to obtain additional information to assure they are connected to a dentist.</p> <p><b>Plans for the Coming Year:</b> BOHDS will continue working on completing oral health educational videos, resources, and online enrollment for oral health programs and education.</p> <p>Delaware will continue to support the completion of a statewide oral health survey of children in kindergarten and 3rd grade across the state. The oral health survey was last completed in 2013 and will measure the burden of oral disease including prevalence of dental caries, untreated dental decay, urgent dental needs, dental sealants, and access to care. The survey is part of the oral health surveillance system used by BOHDS to measure, monitor and report on the burden of oral disease in Delaware. The survey was delayed in 2020 due to the complexities of the COVID-19 pandemic. The BOHDS Dental Director has been working with the school nurses and superintendents to garner support for moving forward in 2022 with the survey. Data collected from the survey will be used to develop preventive oral health and nutrition programs targeted for kindergarten and third grade children at the start of the 2022 school year.</p> <p>We have been collaborating with the Delaware Department of Education (DOE) to make oral health part of overall health. MCH supports BOHDS in its efforts to</p>
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		<p>include oral health as part of total health through the schools and see it as a critical piece of medical and dental integration. The DOE is working on developing a standard student enrollment form to be used by all schools across the state. BOHDS continues to work with DOE to include valuable dental information on school enrollment forms that have been overlooked in the past. Parents and guardians will be asked if they have dental insurance, date of last visit to a dentist, and the name of their dental home.</p> <p>Delaware will continue the Delaware Smile Check Program (DSCHP) by partnering to add online enrollment, consent, and screening forms in addition to flyers and a satisfaction survey to our DEThrives website for portable dental operations. The portable program includes dental screenings and prevention programs onsite that include fluoride application, oral health education, and case management.</p> <p>BOHDS Dental Director is making it a priority to reestablish The Delaware Oral Health Coalition over the next year to address oral health access issues and work on improving oral health for all residents statewide. Delaware's dental team will continue to develop collaborations and conversations with the National Federation for the Blind, Autism Delaware, Family Shade, CYSHCN, DOE, Child Development Watch, and families that have a child with a disability.</p>
<p><b>Are we moving the needle for adolescents in Delaware?</b></p>	<p>25.5% of Delaware's children, ages 9 through 35 months, received a developmental screening using a parent-completed screening tool in the past year, according to the 2017-2018 National Survey of Children's Health. Compare this to the 2018-2019 NSCH, where 30.3% of Delaware children received the screening in the past year. The ECCS program will continue with outreach efforts to promote developmental screenings and milestones thereby increasing awareness and promoting and parental involvement.</p> <p>Delaware is tracking along with the national average of children, ages 1 through 17, who had a preventive dental visit in the past year. According to the 2018/2019 National Survey of Children's Health, 79.7% of Delaware children had one or more dental visit, which resembles the national average of 79.6% of children. Unfortunately, this equals to 20.3% of Delaware's children have not had a preventive dental visit in the past year.</p>	

**Population Domain Snapshot: Adolescent Health**

Priority Health Need(s)	Objectives(s)	Strategies
<p><b>National Performance Measure</b></p> <p><b><u>Physical Activity (ages 12-17)</u></b></p> <p>Empower adolescents to adopt healthy behaviors.</p>	<p>Increase the percent of adolescent students who are physically active at least 60 minutes a day.</p>	<p><b>Defining the Need:</b> Delaware strives to increase the number of adolescents who are physically active. According to the 2018/2019 NSCH, Delaware is among the lowest of its surrounding states when comparing the percentage of adolescents, ages 12-17, who are physically active at least 60 minutes per day. Additionally, 17.9% of Delaware's adolescents are physically active zero days per week. Although Delaware is the lowest of its surrounding states when it comes to adolescents being physically active every day, resting at 13.0%, this percentage has increased from 11.6% to 13.0% from the 2017/2018 to the 2018/2019 results. During our 2020 Needs Assessment, our stakeholders selected increasing physical activity among this population as the number one priority for this population domain and was ranked 5th overall.</p> <p><b>Accomplishments in the Past Year:</b> The Physical Activity, Nutrition, and Obesity prevention (PANO) program in the Health Promotion Disease Section of the Division of Public Health (DPH) facilitates collaborative work efforts and interventions that address increased physical for Delaware families including children and adolescent. MCH has partnered with the PANO office to increase physical activity for adolescents, ages 12-17. In our Adolescent Health application report, we describe current and future work opportunities to leverage a parentship with PANO to impact the physical activity of our adolescents.</p> <p>Delaware's long-term goal is to reduce the prevalence of adult and childhood obesity and other chronic diseases by promoting healthy lifestyles and improving health outcomes for Delawareans. Our objectives encompass the development and implementation of evidence-based policy, system, and environmental (PSE) strategies that will help Delawareans engage in regular physical activity, better nutrition, and make intentional lifestyle changes, lowering the risk of developing heart disease, cancer, chronic lower respiratory disease, diabetes, and other chronic diseases.</p> <p>Delaware's Public Health has provided support to the Delaware Cancer Consortium, Cancer Risk Reduction Committee, Healthy Lifestyles Subcommittee (HLSC). The HLSC presented health and wellness policy</p>

		<p>recommendations to the Office of the Governor, which included recommendations for children, youth, and adolescents. These 14 recommendations included policy recommendations for children and youth, and some policies identified impact the health and wellness of adolescents:</p> <ul style="list-style-type: none"> <li>• Expand DELACARE regulations (Regulations for Early Care and Education and School-Age Centers) to family childcare homes and strengthen physical activity requirements across settings.</li> <li>• Prohibit sugar sweetened beverages (SSBs) in Early Childhood Care and Education Centers.</li> <li>• Preserve robust school nutrition standards, as defined in the 2010 U.S. Department of Agriculture (USDA) nutrition guidelines for school lunches and maintain flexible, healthy standards relative to consumption of sodium, whole grain, and milk.</li> <li>• Strengthen the implementation of annual health related fitness assessment, reporting and compliance standards set forth in Delaware Department of Education Regulation 503 Instructional Program Requirements Section 5.0: Physical Education.</li> <li>• Develop and implement out-of-school nutrition policies (before-school, after-school, sports).</li> <li>• Propose and implement time requirement standards for elementary, middle and high school physical education and physical activity.</li> </ul> <p>Delaware also released a Request for Proposals (RFP) for Advancing Healthy Lifestyles: Chronic Disease, Health Equity &amp; COVID-19 (AHL). One objective of the AHL initiative is to support the next phase of implementation and planning for these policy recommendations. Delaware also collaborates with the Tobacco Prevention and Control Program (TPCP) and the American Lung Association to facilitate a Community Mini-Grant program. The Community Mini-Grants award funding to schools, community-based, and youth serving organizations that conduct tobacco prevention programs, physical activity, nutrition promotion and obesity prevention (PANO) programs, or implement PSE changes related to tobacco and PANO.</p> <p><b>Plans for the Coming Year:</b> Through Delaware's Program's Advancing Healthy Lifestyles (AHL): Chronic Disease, Health Equity &amp; COVID-19 initiative,</p>
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		<p>we will continue to support youth health through AHL: Coordinated School Health and Wellness activities.</p> <p>Delaware will continue to provide support to the Physical Activity, Nutrition, &amp; Obesity Prevention, Division of Public Health through collaborative efforts to inform maternal and child health stakeholders, other community partners and home visitors about the Advanced Healthy Lifestyle Initiative Webinars on Coordinated School Health &amp; Wellness, Community Capacity Building and Workplace/Employee Wellness.</p> <p>We plan to continue working with contracted vendors to facilitate technical assistance (TA) to three community partners on the implementation of community-based interventions, all of which impact children and families. We will also partner with other state agencies and community organizations to sustain Community Capacity Building and engage community partners who are primarily serving disparate or targeted communities, to develop strategies that address physical activity related activities. We will continue to collaborate with the Delaware Department of Education (DOE) on Coordinated School Health and Wellness initiatives as well as explore efforts to ensure students with special needs are included in the physical fitness assessment resources, and that adaptive resources are available for Delaware students.</p> <p>We will partner with other state agencies and community organizations to sustain Community Capacity Building. Delaware will engage community partners who are primarily serving disparate or targeted communities, to develop strategies that address PANO related activities. These efforts will enable community-based organizations to achieve long-term and sustainable outcomes around health and wellness initiatives that support young Delawareans and the communities that care for them. We will also continue to promote policy, systems, and environmental (PSE) change strategies and interventions through community-based initiatives such as the Lt. Governor's Challenge and Community Mini-Grants. The Lt. Governor's Challenge recognizes an Individual, Workplace, Community, Town/City/Neighborhood, or School for advancing the goals of a healthier Delaware in one of four focus areas: Emotional Well-Being; Healthy Living; Chronic Disease Management and Prevention; and Mother and Child Health. The Community Mini-Grant program awards grants to</p>
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		communities and organizations that exhibit a strong commitment to tobacco prevention and control programs and are enhancing or expanding access to physical activity and healthy eating opportunities for children, families and communities.
<p><b>National Performance Measure</b></p> <p><b><u>Adolescent Well-Visit</u></b></p> <p>Increase the number of adolescents receiving a preventive well-visit annually to support their social, emotional and physical well-being.</p>	<p>Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services.</p>	<p><b>Defining the Need:</b> The priority need is to increase the number of adolescents receiving a preventative well-visit annually to support their social, emotional and physical well-being. The NSCH shows that the percentage of Delaware adolescents who have had a preventive medical visit in the past year declined from 2017 to 2018 but is on the rise again in 2019. In 2017, the percentage was 84.2%, while in 2018 the percentage declined to 70.2%. The 2019, Delaware's percentage of adolescents who have had a preventive medical visit in the past year increased to 75.7%. During our 2020 Needs Assessment, our stakeholders identified the adolescent well visit as the number two priority for this population domain and was ranked 7th, overall.</p> <p><b>Accomplishments in the Past Year:</b></p> <p>In partnership with Planned Parenthood of Delaware, training is offered for staff at School Based Health Centers (SBHCs) each year. Planned Parenthood attendees range from School of the Deaf, Detention and Treatment Centers from within the Department of Services for Children Youth and Their Families (DSCYF), Delaware Adolescent Program Inc. (DAPI), SBHCs, middle schools, high schools as well as community agencies, partners and parents. In addition, mental health and medical providers participate in trainings provided by Planned Parenthood of Delaware throughout the year. COVID-19 impacted School Based Health Centers across the state of Delaware this school year. Given many schools only offering remote learning and/or hybrid there was less access to SBHC's at the beginning of the year. Many SBHC's implemented telehealth in which students were able to access care via this method. Upon availability of the vaccine to adolescents 12 and older, SBHC's have coordinated efforts for the COVID-19 vaccine with medical vendors in the latter months of the school year.</p> <p>The SBHC Operational meeting this year was held in conjunction with Title X Family planning on October 28, 2020 and May 26, 2021. It comprised of mental</p>

		<p>health and medical providers from SBHC's, providers and administrative representatives from DPH Clinics, Federally Qualified Health Care Centers, Community Health Care Centers, Planned Parenthood as well as DPH/FHS staff. Training and topics focused on mental health and service delivery this year.</p> <p>This year Division of Public Health, Family Health Systems, Adolescent Health also completed an intense, virtual, strategic planning process in which 13 goals were established to produce a synchronized organization of SBHC's across the state of Delaware. DPH has also signed multi-year MOUs with various school districts in an effort to support and build resilient children and improve the social and emotional wellness of children and adolescents.</p> <p>Unfortunately, because of the Covid-19 pandemic, we were unable to partner with our School Based Health Centers and Delaware school districts during the 2020/2021 school year. Our hope was to work with the School Based Health Centers and the school districts to promote teens who need emotional and mental health treatment. Our goal is to begin the partnership once again with the Department of Education and the school districts to promote a health messaging campaign to address mental health treatment.</p> <p>Instead, we worked with the University of Delaware 4-H Department to sponsor a poster contest that promoted teens to seek emotional and mental health treatment, when needed. Unfortunately, there is oftentimes a stigma associated with mental illness, emotional disturbances and seeking treatment. The purpose was for youth and adolescents to know they can request assistance when dealing with mental illness – and not feel ashamed about it. Mental illness can affect a person's thinking, feeling, mood, or behaviors. Young adults should feel comfortable when asking for help when dealing with mental or emotional concerns and should never feel embarrassed. The University of Delaware promoted and advertised our emotional and mental health treatment poster contest via various avenues. In addition, it was also promoted through the U of D Health Ambassador monthly meetings. We plan to share the winning exhibit, along with all entries, on our DEThrives website. We also have plan to advertise the exhibits on our other social media platforms as well.</p>
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		<p>All youth and adolescents ages 11 to 19, were encouraged to submit an original design that helped reduce the stigma associated with seeking treatment for mental illness. Posters were evaluated based on the following rules: provide a clear and understandable message in a concise format; easy to read; letters and words should be clear and legible; language used should be appropriate for age group; and the artwork must be the artist's original creation. One cash prize will be awarded by DPH to the first-place winner. A check will be mailed to the winner after the competition of the 2021 Delaware State Fair. MCH plans to work with our Adolescent Health Program Manager to expand the poster contest in the future by working with schools and School Based Health Centers. The prizes envisioned for this project will be all health related, such as a Fitbit or gym membership.</p> <p><b>Plans for the Coming Year:</b> The Delaware Division of Public Health (DPH), in collaboration with several key stakeholders, convened this past year to create a Delaware School-Based Health Center (SBHC) Strategic Plan. The planning process was utilized to develop a model for expansion of SBHCs that was both financially sustainable and anchored in best practices. Our next steps include publishing our Strategic Plan and Implementation &amp; Evaluation Plan. In addition, DPH plans to begin interim governance and implementation as well as setting up a longer-term governance and accountability model to oversee implementation of our plan and continued success of Delaware's SBHC. In addition, Delaware's SBHCs provide important access to mental health services and help eliminate barriers to accessing mental health care among adolescents (i.e. women). Over the last couple of years, school district school boards voted and approved to add Nexplanon as a birth control method offered at 14 of the school-based health center sites. This is a major accomplishment being that each school district's elected school board members vote on and approve what services can be offered at each SBHC site. Offering the most effective birth control methods as an option, gives more young women informed choices so that they can decide when and if to get pregnant and ultimately reduce unplanned pregnancies.</p> <p>Delaware will also continue our partnership with the Cooperative Extension, University of Delaware (UD), Health &amp; Wellness Ambassadors for the upcoming grant cycle as well as again working with the UD 4-H Department to sponsor</p>
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		another poster contest that promotes teens to seek emotional and mental health treatment, when needed.
<b>Are we moving the needle for adolescents in Delaware?</b>	<p>According to the 2019 National Survey of Children's Health (NSCH), 24.3% of Delaware adolescents have had no preventive medical visit in the past year. This trend is decreasing as the 2018 NSCH shows 29.8% of Delaware adolescents had no preventive medical visit in the past year.</p> <p>Delaware's School Based Health Centers (SBHCs) provide prevention-oriented, multi-disciplinary health care to adolescents in their public-school setting, and contribute to better outcomes related to selected priorities, NPM 1 Well Woman Care, NPM 8.2 Physical Activity and NPM 10 Adolescent Well Visit. There continues to be a growing interest for expansion to elementary, middle, and additional high schools, especially given the COVID-19 pandemic. School Based Health Centers are going through a paradigm shift, and there continues to be a large number of stakeholder interest and commitment to provide evidence based SBHC services based on national and in state innovations in practices and policies, to enhance the growing number of SBHCs in Delaware within the local healthcare, education, and community landscape.</p> <p>13.0% of Delaware adolescents, ages 12-17, are not physically active at least 60 minutes each day, when comparing to the national average of 16.5%. Delaware's adolescents who are physically active at least 60 minutes each day, 4-6 days per week, rests at 24.0%, while the national average is 27.3%.</p> <p>Although, NPM 8.2 is a newer priority, MCH has a long history of partnering with the Physical Activity, Nutrition and Obesity prevention (PANO) program In the Health Promotion Disease Prevention Section of DPH. MCH will continue to leverage this partnership to increase physical activity among adolescents.</p>	

**Population Domain Snapshot: *Children and Youth with Special Health Care Needs (CYSHCN)***

Priority Health Need(s)	Objectives(s)	Strategies
<b>National Performance Measure</b>  <u><b>Adequate Insurance</b></u>	By July 2025, increase the	<b>Defining the Need:</b> The priority is to increase the percent of children with and without special health care needs who are adequately insured. Delaware estimates a population size of Children and Youth with Special Health Care Needs (CYSHCN) of 30,231. According to the 2018-2019 National Survey of Children's Health (NSCH), 69.6% of Delaware children are adequately insured in

<p>Increase the percent of children with and without special health care needs who are adequately insured.</p>	<p>percent of families reporting that their CYSHCN's insurance is adequate and affordable.</p> <p>By July 2025, increase the number of health plans whose member services staff are linked to relevant family organizations and programs to meet the needs of CYSHCN.</p>	<p>comparison to the national average of 62.1%. This includes CYSHCN between the ages of 0 through 17.</p> <p><b>Accomplishments in the Past Year:</b> During calendar year 2020-2021 Delaware continued to serve Children and Youth with Special Health Care Needs (CYSHCN) through a collaboration of our parent lead organization-Hands and Voices/Guide by Your Side (H&amp;V/GBYS) and our Statewide Programs for the Deaf, Hard of Hearing, and Deaf Blind and Delaware School for the Deaf as well as Family SHADE (Support and Healthcare Alliance Delaware). Our community partners served our Deaf/Hard of Hearing (D/HH) population as well as all our children with special health care needs ages 0 through 17. H&amp;V/GBYS provided statewide services that consisted of Learning Communities and Deaf/Hard of Hearing Mentorships for families of children and youth who were diagnosed with being Deaf/Hard of Hearing (D/HH). Family SHADE promoted both of the efforts, as well as promoted access to high quality health care, including having adequate health insurance that reduced barriers to primary and specialty care which continued to be of most importance to women, children, and families. As a result of the COVID-19 pandemic, Family SHADE utilized their website as well as regularly monthly scheduled Networking Breakfast meetings which were held virtually.</p> <p>In calendar year 2020-2021 Family SHADE was able to extend a competitive Mini-Grant Process, to three organizations which were awarded \$1,000.00. The mini-grants contributed to the enhancement to their programs which served CYSHCN. The winners of the mini-grants were:</p> <ol style="list-style-type: none"> <li>1. Art Therapy Express Program, Inc., they used their winnings and met with the Meadowood Program administration to provide creative arts therapy programming virtually. They were not able to do the arts therapy program within the schools like they initially envisioned, because there were several internal priorities within the school districts in calendar year 2020 due to the COVID-19 pandemic. In addition, they received a Delaware Relief Grant which also enhance their Virtual Teaching through Visual Sensory Teaching with music and creative movement and dance. They also, provided lesson plans to teachers and parents through Google Drive on Virtual Art Therapy Expression. They were able</li> </ol>
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		<p>to Conduct Virtual Art Therapy Express sessions that ran from September 2020 - June of 2021.</p> <p>2. The Down Syndrome Association utilize their grant money to help fund existing programming which included Down to Box - fitness programming. Due to COVID-19 this was done virtually since March 15, 2020 serving individuals ages 5-12 years of age. Also, Yoga and Cardio classes were implemented virtually as well for ages 13 and older as a transition to adulthood geared programing.</p> <p>3. Nemours Alfred I. duPont Hospital for Children provided information and a safe space for young adults with special health care needs and their families to discuss and learn about sexuality and relationships. Through the creation of educational information (in the form of a trifold) that was accessible, age appropriate and targeted to the needs of the individual and caregivers. Also, they purchased carefully selected books to facilitate conversations within the family at home.</p> <p>Also, Maternal Child Health continued to support the Family Voices Managed Care (MCO) Calls in Spanish and English as these calls have continued to be a wanted resource. Title V also continues to participate in Delaware's Children with Medical Complexity Advisory Committee (CMCAC) to support their recommendations which are discussed in the narrative.</p> <p><b>Plans for the Coming Year:</b> Delaware's Title V/Title XIX Memorandum of Understanding (MOU) will continue to establish the Cross-Agency Coordination Committee with our Medicaid partners. We reconvened our meetings with Medicaid to meet the needs of our MCH population with the data collected from the Title V Needs Assessment last year. Medicaid and the Division of Public Health (DPH) sees this as a fantastic opportunity to align quality improvement efforts with Title V MCH priorities to improve health outcomes for women, babies and CYSHCN. We have established this committee and we will continue to meet virtually and pending the results of COVID-19 pandemic will determine if we will begin to meet in person. The committee will work together to be creative in establishing training, messaging, case management, and procedures in promoting accessibility to adequate insurance coverage.</p> <p>In calendar Yr. 2021 the Family SHADE project went out for a competitive Request for Proposal (RFP) to revitalize the execution of service delivery for</p>
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		<p>families of CYSHCN. Through the competitive RFP selection process, we will seek to revitalize and enhance service delivery to our CYSHCN population through the establishment of a contract with a qualified vendor. Through a partnership with the CYSHCN Director and a selected vendor who will work toward educating families of CYSHCN on the available medical insurance coverage that is available in Delaware through innovative approaches such as Zoom meetings, emails, mail distribution and through the distribution contact list of partnering agencies that serve CYSHCN.</p> <p>Also, Maternal Child Health continues to support the Family Voices Managed Care (MCO) Calls in Spanish and English as these calls have continued to be a wanted resource. Title V also continues to participate in Delaware's Children with Medical Complexity Advisory Committee (CMCAC) to support their recommendations which are discussed in the narrative.</p> <p>In addition, the Family SHADE project in collaboration with the Bureau of Oral Health and Dental Services will work collaboratively to promote and provide essential public health services to improve and promote preventative care and oral health for Children and Youth with Special Health Care Needs (CYSHCN). Improving access to Dental Care for Delawareans with Disabilities will help the dental workforce provide more effective and culturally competent care to patients with disabilities. Through outreach, information dissemination, and education made available to pediatricians and dental practitioners, this collaborative will educate practitioners on best practices on serving the CYSHCN population. Through this collaborative initiative we will explore the implementation of a Toolkit for practitioners which will include a Tool Kit of resources which will include a patient assessment tool, medical and physical evaluation tool, and other tools that will assist the practitioner in best serving CYSHCN.</p>
<b>Are we moving the needle for CYSHCN in Delaware?</b>	<p>Adequate insurance is a priority area for our Title V Program, and we will track progress on the goals listed above. In order to effectively measure progress in this area, we will need to increase knowledge of the components of Adequate Insurance coverage among parents of CYSHCN. Through educational efforts we will bring adequate insurance to the forefront increasing the demand for families of CYSHCN while giving providers more information to be better position them to meet the families' needs.</p>	

